

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	2					
4	2					
5	2					
6	2					
7	1					
8	1					
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29	2					
30	2					
31	2					
32	2					
33	2					
34						
35						
36						
37	2					
38	2					
39	2					
40	2					
41	1					
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	10					
TOTAL CLAIMS	14					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
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92					
93					
94					
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					